

ACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT 25-MAY-2011		TIME 22:29:00	2. ADDRESS OF OCCURRENCE 10 N KILBOURN AVE CHICAGO, IL 60624		3. LOCATION CODE 220	4. BEAT/OCCUR 1113						
INFORMATION DNA	5. POSITION 9161	6. LAST NAME BRACKEN	7. FIRSTNAME MATTHEW J	8. STAR NO. 13910	9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	10. RACE CODE WHI	11. AGE 608	12. HT. 205	13. WT. 608			
	14. DATE OF APPT. 18-DEC-2006	15. EMPLOYEE NO. [REDACTED]	16. UNIT / BEAT OF ASSIGNMENT 153 4430A	17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off	18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No						
	20. LAST NAME JACOBS	21. FIRST NAME TIFFANI	22. FAI. [REDACTED]	23. SEX <input type="checkbox"/> 01 M <input checked="" type="checkbox"/> 02 F	24. RACE BLK	25. D.O.B. 28-MAY-1981	26. HT. 508	27. WT. 200				
	28. ADDRESS 305 S CENTRAL PARK BLVD CHICAGO, IL 60624		29. TELEPHONE NO. [REDACTED]	30. WAS SUBJECT ARMED/VEHICLE ATTEMPTED TO STRIKE OFFICER WITH VEHICLE <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		31. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	32. SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No					
	33. WHERE WAS MEDICAL TREATMENT OBTAINED? MOUNT SINAI HOSPITAL		34. BY WHOM? E.R.	35. CONDITION <input checked="" type="checkbox"/> 01 Hospitalized <input type="checkbox"/> 02 Not Hospitalized	36. CHARGES PLACED [REDACTED]	<input type="checkbox"/> DNA	37. CR NO. 18149679	IR NO. [REDACTED]	<input type="checkbox"/> DNA			
	38. SUBJECTS ACTIONS DNA		ASSAULT:ASSAULT		ASSAULT:BATTERY		ASSAULT:DEADLY FORCE					
	DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/>	FILED PULLED AWAY OTHER _____	IMMINENT THREAT OF BATTERY OTHER _____	ATTACK WITH WEAPON ATTACK WITHOUT WEAPON OTHER _____	ATTACK WITH WEAPON ATTACK WITHOUT WEAPON OTHER _____	ATTACK WITH WEAPON ATTACK WITHOUT WEAPON OTHER _____	USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM WEAPON OTHER _____					
	MEMBER PRESENCE VERBAL COMMANDS ESCORT HOLDS WRISTLOCK ARMBAR PRESSURE SENSITIVE AREAS CONTROL INSTRUMENT OC/CHMICAL WEAPON W/AUTHORIZATION OTHER _____	OPEN HAND STRIKE TAKE DOWN / EMERGENCY HANDCUFFING OC CHEMICAL WEAPON CAKING TASER (Probe Discharge) TASER (Contact Stun) TASER (Laser Targeted) TASER (Spark Discharged) OTHER _____	ELBOW STRIKE CLOSED HAND STRIKE/PUNCH IMPACT WEAPON (Describe in Box 40) OTHER _____	KNEE STRIKE KICKS IMPACT MUNITION (Describe in Box 40)	KNEE STRIKE KICKS IMPACT MUNITION (Describe in Box 40)	KNEE STRIKE KICKS IMPACT MUNITION (Describe in Box 40)	FIREARM OTHER _____					
	40. CHEMICAL WEAPON AUTHORIZED BY (NAME)		41. ADDITIONAL INFORMATION									
	POSITION [REDACTED]		STAR NO. [REDACTED]	UNIT [REDACTED]								
41. WEAPON TYPE <input checked="" type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN		42. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors	43. LIGHTING CONDITIONS <input type="checkbox"/> 01 Night <input type="checkbox"/> 02 Day <input type="checkbox"/> 03 Dusk <input checked="" type="checkbox"/> 04 Poor Artificial <input type="checkbox"/> 05 Good Artificial	44. WEATHER CONDITIONS RAIN								
45. TASER DART ID NO NLC930		46. WEAPON SERIAL NO. (Include Letters) R014011S	47. CHICAGO GUN REG. NO. R014011S	48. MODEL 17	49. BARREL LENGTH 4.5	50. CALIBER/GAUGE 9 MM						
51. SPECIAL WEAPON CERTIFICATE NO.		52. PROPERTY INVENTORY NO.	53. TYPE OF AMMUNITION USED WINCHESTER 9MM	54. NO. OF WEAPONS DISCHARGED BY THIS MEMBER. 1	55. TOTAL NO. OF SHOTS MEMBER FIRED 5							
56. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input checked="" type="checkbox"/> 02 OFFENDER		57. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO	58. NO. OF CARTRIDGES/SHOT SHELLS RELOADED [REDACTED]	59. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input checked="" type="checkbox"/> 02 LT. SIDE (WAIST)	60. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO							
61. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input checked="" type="checkbox"/> 02 CROSS DRAW		62. SPECIFY METHOD/EQUIPMENT USED TO RELOAD		63. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 5 FT. <input checked="" type="checkbox"/> 02 6 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.								
64. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) NONE		65. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input checked="" type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN		66. POSITION OF MEMBER DISCHARGING WEAPON <input checked="" type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)								
67. NOTIFICATIONS (OC OR TASER INCIDENT): Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.		68. NOTIFICATIONS (FIREARM INCIDENT): Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.		69. SIGNATURE [REDACTED]								
70. REPORTING MEMBER (Print Name) BRACKEN, MATTHEW J		STAR/EMPLOYEE NO. 13910	SIGNATURE [REDACTED]	71. EVENT NO. 1114517571								
72. DATE OF INCIDENT 26-MAY-2011 05:24:18		73. REVIEWING SUPERVISOR (Print Name) HUGHES, FRED L		STAR NO. 1719	SIGNATURE [REDACTED]	74. DATE REVIEWED 26-MAY-2011 05:31:11	TIME 111377 (REV. 10/07)					
Reviewing supervisor will ensure the legibility and completeness of this report and atest by entering the required information below.												
LOG # 1045573												

Attachment # **13**

WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM, 2.) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR; 3.) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON.

THE AOS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING; 1.) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON; 2.) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HEREIN 1 OR 2.

76. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE	<input type="checkbox"/> DNA	<input type="checkbox"/> REFUSED	<input checked="" type="checkbox"/> UNABLE TO INTERVIEW (Specify Reason)
--	------------------------------	----------------------------------	--

Offender undergoing emergency medical treatment at the hospital.

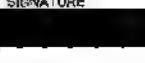
76. WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 PENDING

I have concluded that further investigation is required.

77. WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION

<input type="checkbox"/> I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.	<input checked="" type="checkbox"/> I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.
---	--

LOG NO./CRNC. 1045673 OBTAINED

78. WATCH COMMANDER/OCIC (Print Name) GULLIFORD, WAYNE M	SIGNATURE 	DATE COMPLETED TIME 26-MAY-2011 06:10:07
--	--	---

79. DISTRIBUTION OF ORIGINAL TRR:

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS.

ATTACHMENTS - PHOTOCOPIES OF: <input type="checkbox"/> CASE REPORT <input type="checkbox"/> ARREST REPORT <input checked="" type="checkbox"/> OFFICER BATTERY REPORT <input type="checkbox"/> TO/FROM SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)	SUPPLEMENTARY REPORT <input type="checkbox"/> <input checked="" type="checkbox"/> OFFICER BATTERY REPORT <input type="checkbox"/> <input type="checkbox"/> TO/FROM SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)	I.O.D. REPORT <input type="checkbox"/> <input type="checkbox"/> CR INITIATION REPORT	20. TOTAL TRR's THIS EVENT NO. 5
---	--	--	--